



3739

PTO/SB/122 (10-01)

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Application**Address to:
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Application Number	10/070,278
Filing Date	3/6/2002
First Named Inventor	HOMMA
Art Unit	3739
Examiner Name	
Attorney Docket Number	OL90600N-P-US

Li Parks
9-6-03
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Address

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Customer Number

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Place Customer
Number Bar Code
Label here

OR

☒Firm or
Individual Name

Arnold International

Address

P.O. BOX 129

Address

City

Great Falls

State

VA

ZIP

22066-0129

Country

U.S.A.

Telephone

703-759-2991

Fax

703-759-2967

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Applicant/Inventor.

TECHNOLOGY CENTER R3700

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Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

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Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

REC'D
DEC 18 2002
TECHNOLOGY CENTERTyped or Printed
Name

Bruce Y. Arnold

Signature

Bruce Y. Arnold

Date

12/17/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of _____ forms are submitted.

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